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**CONFIDENTIAL**  
**FACSIMILE TRANSMISSION SHEET**

**DATE:** June 25, 2002

**TO:** Commissioner for Patents  
Office of Initial Patent Examination

**FAX:** 703-305-9822

**FROM:** Karen Harding, Patent Attorney

**PHONE:** 904-443-3074  
**FAX #:** 904-443-3078

**Re:** Attached Request For Corrected Filing Receipt  
Application No. 10/029,526  
Our Ref. No. VTN-570

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TECHNOLOGY CENTER 2800

The attached Request For Corrected Filing Receipt is submitted to correct the title of the above referenced application. Also enclosed is a copy of the original filing receipt.

**Total Pages Sent: 4 (including this cover sheet)**

Please call Gina Hanning at 443-3500, ext. 25149 if you do not receive all of the pages in this transmission. Thank you.

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Docket No. VTN-570

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: David C. Turner

Application No.: 10/029,526

Group No.: 2873

Filed: December 21, 2001

For: ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

**CERTIFICATION UNDER (37 C.F.R. § 1.8(A))**

I hereby certify that, on the date shown below, this correspondence is being:

**Mailing**

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: June 25, 2002

**Facsimile**

☒ transmitted by facsimile to the Patent and Trademark Office.

Signature:   
Karen A. Harding

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

*Note: The PTO will not correct the filing receipt until the application is complete (in other words, the applicant files a response to the notice to file missing parts).*

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.

**Error in****Correct data**1. ☐ Applicant's name

1.

2. ☐ Applicant's address

2.

3. ☒ Title

3. ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

4. ☐ Filing Date

4.

5. ☐ Application Number

5.

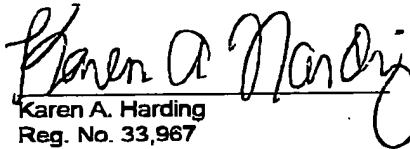
6. ☐ Foreign/PCT Application Re:

6.

7. ☐ Other

7.

3. Please charge any fees in connection with this Request to Deposit Account No. 10-0750.

  
Karen A. Harding  
Reg. No. 33,967

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